Approved for use through 7/31/2006 CMB 0661-0032 PTO/SB06 (12:04) U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays y valid CMB control number. Substitute for Form PTO-875 Application or Docket Humpon Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR FOR SMALL ENTITY NUMBER FILED BASIC FEE NUMBER EXTRA RATE (\$ (37 CFR 1 16(4) (b) 0 (c)) FEE (1) NA RATE (\$1 N/A SEARCH FEE FEE (\$) NA 150.00 137 CFR 1 16(N. H). or [m] N/A 300.00 NA N/A EXAMINATION FEE NVA \$250 (37 CFR 1 16(a). (p). or (q)) N/A M/A \$500 N/A TOTAL CLAIMS NA \$100 137.0FR 1 16(4) NA \$200 minus 20 . INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(h)) X\$50 OR minus 3 X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE . (37 CFR 1 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 1641) +180= \* If the difference in column 1 is less than zero, enter "O" in column 2. +360± TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): OTHER THAN SMALL ENTITY CLAIMS OR HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT ENDMENT AFTER RATE (\$) PREVIOUSLY ADDI-AMENDMENT **EXTRA** RATE (S) PAID FOR TIONAL ADDI. Total Minus TIONAL FEE (S) FEE (1) X\$ 25 Minus X\$50 OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180 +360= OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Calumn 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT 四 **AFTER** PREVIOUSLY PAID FOR RATE (\$) ADDI-AMENDMENT EXTRA RATE (\$) TIONAL Total CHOPR.1.18(I) ADDI. Minus FEE (\$) TIONAL FEE (\$) Independent -X\$ 25 Minus OR X\$50 Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) +180= +360= OR TOTAL If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". TOTAL ADD'L FEE OR ADD'L FEE If the Trighest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

Is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the public which is provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.

buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS